

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10 / 520130
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
4			31				54						
5			61				55						
6			62				56						
7			63				57						
8			64				58						
9			65				59						
10			66				60						
11			67				61						
12			68				62						
13			69				63						
14			70				64						
15			71				65						
16			72				66						
17			73				67						
18			74				68						
19			75				69						
20			76				70						
21			77				71						
22			78				72						
23			79				73						
24			80				74						
25			81				75						
26			82				76						
27			83				77						
28			84				78						
29			85				79						
30			86				80						
31			87				81						
32			88				82						
33			89				83						
34			90				84						
35			91				85						
36			92				86						
37			93				87						
38			94				88						
39			95				89						
40			96				90						
41			97				91						
42			98				92						
43			99				93						
44			100				94						
45			TOTAL IND.	/			95						
46			19	↓			96						
47			19	←			97						
48			20				98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							19	↓					
TOTAL CLAIMS							19	←					